Absence Memo Request Form

Important: Illegible, blank or incorrect information STOPS your absence notice from being processed.

SID # (don’t remember - MyCharleston can help): ______________________________ notification.

Name: _______________________________ Phone Number: _____________________ E-mail: ___________________@g.cofc.edu

After reading 1 – 4 below, please initial each statement.

1.______ Students are expected to attend all classes. Non-urgent/non-emergent situations (i.e. wedding, medical and/or counseling appointments, etc.) should not disrupt class your attendance/work/performance.

2.______ The Absence Memo Office is not authorized to excuse any class absence. The only individual who may authorize an excused absence is the professor of each respective course.

3.______ Absence notification is sent by e-mail to professors of all of your enrolled courses; and is sent as soon as reasonably possible (one to three business days unless precluded by unusual circumstances).

4.______ You must communicate with your professor(s) immediately upon missing class or learning you will/intend to be absent from class to discuss the professor’s consideration regarding authorizing the absence, assigned class work and/or make-up work.

Please circle or write in information below as appropriate.

Academic Status:  
STEP  
Impact Student  
Probation  
NA

Date(s) of Absence: _____________________  
___________________  
___________________  
___________________  
___________________

Semester of class:  
Fall  
Spring  
Express I  
Express II  
Maymester  
May Evening  
Summer Evening  
Summer Day I  
Summer Day II  
Online

Missed Class(es): __________________________________________________________________________________________________

Reason for Absence (the information/documentation you provide may be shared with your faculty):

_____Victimization  (includes witness/victim’s friend/assisted victim/etc.)  Do NOT provide any of the following: incident type, details, police report, documentation, etc. (Victim Services will contact you at the contact information you provide at top of this form)

_____College Sponsored Activity:  
CofC Athletics (Game)  
Club/Organization  
Class/Course Event  
Other

Describe: __________________________________________________________________________________________________

Advisor’s/Professor’s Name: _____________________ AND Phone number/email address: _____________________

Please ask advisor/professor to contact this office to verify this is a college sponsored event

_____Illness/Injury  Describe: ________________________________________________________________________________

_____Death  Date of Death: _______________  Decedent’s Name: ______________________

Date of Funeral: _______________  Relationship to Decedent: _______________

_____Other  Describe: ___________________________________________________________________________

Attach Appropriate Documentation (medical note, military verification, obituary, etc.); victimization category is excluded.

By signing this document, I am authorizing the Absence Memo Office (AMO) to send absence notice to my professor(s). The information I have given above is true. I understand that intentionally misrepresenting my absence and/or failing to support documentation is a violation of the Honor Code and may result in 1.) notice to my faculty and/or campus student conduct office of suspected intentional misrepresentation and/or 2.) disciplinary action.

Please know that the AMO is one instrument of many in support of students successfully reaching academic achievement; thus, in some instances it may be necessary for the AMO to notify and/or involve other departments as a proactive intervention tool to assist students who are experiencing academic disruption. These departments may include, but are not limited to, the Office of the Dean of Students, Undergraduate Academic Services, Human Relations and Minority Affairs, Title IX Coordinator, etc. Please be aware that all matters discussed and any information collected are kept confidential to the extent reasonably possible and permitted by law.

Signature of Student: _______________________________ Date: _______________________________